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2174

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/456,127
Filing Date	12/07/99
First Named Inventor	Andrew Baird et al.
Group Art Unit	2174
Examiner Name	TBA

Total Number of Pages in This Submission

6

Attorney Docket Number

003797.80027

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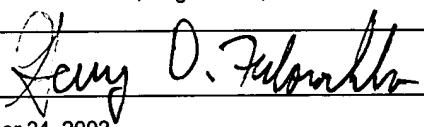
OCT 28 2002

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	PTO 1449, 5 references, copies of five related applications
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	International Search Report for PCT/US00/33129, 02/27/01
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
	Remarks	

Technology Center 2100

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Gary D. Fedorochko, Reg. No. 35,509
Signature	
Date	October 24, 2002

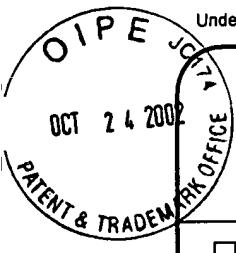
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FEET TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 180.00)

Complete If Known

Application Number	09/456,127
Filing Date	12/07/99
First Named Inventor	Andrew Baird et al.
Examiner Name	Steven Paul Sax
Group / Art Unit	2174
Attorney Docket No.	003797.80027

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METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)			
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account:				3. ADDITIONAL FEES			
Deposit Account Number		19-0733		Large Entity	Small Entity		
Deposit Account Name		Banner & Witcoff, Ltd.				Fee Description	Fee Paid
The Commissioner is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.							
FEE CALCULATION							
1. BASIC FILING FEE							
Large Entity	Small Entity	Fee Description		Fee Paid			
Fee Code	Fee (\$)	Fee Code	Fee (\$)				
101	740	201	370	Utility filing fee			
106	330	206	165	Design filing fee			
107	510	207	255	Plant filing fee			
108	740	208	370	Reissue filing fee			
114	160	214	80	Provisional filing fee			
SUBTOTAL (1)				(\$ 0)			
2. EXTRA CLAIM FEES							
Total Claims		Extra Claims	Fee from below	Fee Paid			
Independent Claims							
Multiple Dependent							
Large Entity	Small Entity	Fee Description		Fee Paid			
Fee Code	Fee (\$)	Fee Code	Fee (\$)				
103	18	203	9	Claims in excess of 20			
102	84	202	42	Independent claims in excess of 3			
104	280	204	140	Multiple dependent claim, if not paid			
109	84	209	42	** Reissue independent claims over original patent			
110	18	210	9	** Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2)				(\$ 0)			
** or number previously paid, if greater; For Reissues, see above							
Other fee (specify) _____							
*Reduced by Basic Filing Fee Paid				SUBTOTAL (3) (\$ 180.00)			

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Complete (if applicable)

Name (Print/Type)	Gary D. Fedorochko	Registration No. Attorney/Agent)	35,509	Telephone	(202) 508-9223
Signature				Date	October 24, 2002

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